

**NEW JERSEY DEPARTMENT OF HEALTH & SENIOR SERVICES
DIVISION OF HEALTH CARE QUALITY & OVERSIGHT
CON & ACUTE CARE LICENSURE PROGRAM
PO BOX 360, ROOM 403
TRENTON, NEW JERSEY 08625-0360**

**FEES FOR THE LICENSURE & BIENNIAL INSPECTION OF ACUTE CARE FACILITIES
As of April 19, 2004**

TYPE OF FACILITY	NEW** FACILITY FEE	RENEWAL FEE	ADD BEDS OR SERVICES	RELOCATE SERVICES	REDUCE SERVICES	TRANSFER OF OWNERSHIP INTEREST	BIENNIAL** INSPECTION FEE
Home Health Agency	\$2,000	\$2,000	N/A	\$250	\$0 NOTE	\$1,000	\$500
Hospital: Comprehensive Rehabilitation	\$10,000	\$10,000	\$3,000	\$1,500	\$375	\$1,500	\$5,000
Hospitals: General, Special & Psychiatric	\$10,000	\$10,000	\$3,000	\$1,500	\$375	\$1,500	\$5,000
Maternal & Child Health Consortium	\$1,000	\$1,000	N/A	\$250	\$250	\$1000	\$400
Residential Substance Abuse Treatment Facility	\$500+\$3 per bed	\$500+\$3 per bed	\$500	N/A	\$250	N/A	\$500
Hospice Care Program (Main)	\$2,000	\$2,000	N/A	\$0 NOTE	\$0 NOTE	N/A	\$1,000
Hospice Care Program (Branch)	\$150	\$150	N/A	\$0 NOTE	\$0 NOTE	N/A	\$0
Ambulatory Care Facility: (Per Service)*				\$375	\$375	\$1,500	
Ambulatory Care	\$1,750	\$750	\$1,750				\$1,000
Ambulatory Surgery	\$4,000	\$4,000	\$4,000				\$2,000
Birth Centers	\$1,750	\$750	\$1,750				\$200
Chronic Hemodialysis	\$4,000	\$4,000	\$4,000				\$2,000
Comprehensive Outpatient Rehabilitation	\$1,750	\$750	\$1,750				\$1,000
Computerized Axial Tomography (CAT)	\$4,000	\$4,000	\$4,000				\$2,000
Drug Abuse Treatment (Outpatient)	\$1,750	\$750	\$1,750				\$300
Extracorporeal Shock Wave Lithotripsy	\$4,000	\$4,000	\$4,000				\$2,000
Family Planning	\$1,200	\$200	\$1,200				\$200
Family Planning (Satellite)	\$600	\$100	\$600				\$200
Magnetic Resonance Imaging (MRI)	\$4,000	\$4,000	\$4,000				\$2,000
Megavoltage Radiation Oncology	\$4,000	\$4,000	\$4,000				\$2,000
Orthotripsy	\$4,000	\$4,000	\$4,000				\$2,000
Positron Emission Tomography (PET)	\$4,000	\$4,000	\$4,000				\$2,000
Primary Care	\$1,750	\$750	\$1,750				\$200
Primary Care Satellite	\$875	\$375	\$875				\$200
Satellite Emergency Departments	\$2,500	\$2,500	\$2,500				\$2,000
Sleep Centers	\$4,000	\$4,000	N/A				\$1,000
Other Services	\$3,500	\$2,500	\$3,500				\$1,000

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* Ambulatory Care Facilities are required to pay a licensing fee for each licensed service up to a maximum of \$4,000. For example, a facility providing both Primary Care and Family Planning must pay a licensing renewal fee of \$1,750 for Primary Care Services, and an additional \$1,200 for the renewal of Family Planning Services. However, Ambulatory Care Facilities need only pay a single “the highest of” fee for the biennial inspection. Therefore, this facility would not pay both the \$200 Primary Care inspection fee and the \$200 Family Planning inspection fee, but would only remit the highest of the two fees, or \$200 for the biennial inspection. Please make check payable to “**TREASURER, STATE OF NEW JERSEY**”.

** **FIRST TIME LICENSURE APPLICANTS MUST PAY BOTH THE NEW FACILITY FEE AND THE BIENNIAL INSPECTION FEE WHEN SUBMITTING THE APPLICATION.**

Note: Neither Home Health Agencies nor Hospice Care Programs will be charged for Branch Closings, but will be charged \$250 for main office/branch relocations.

Please note that psychiatric hospitals are not inspected by the Division of Health Care Systems Analysis 12-4-01